

DEPARTMENT OF CHILDREN AND FAMILIES

STRATEGIC PLAN

SFY 2010 - 2014

TABLE OF CONTENTS

Introduction.....	3
The Strategic Planning Process.....	4
Strategic Plan Outcomes and Indicators.....	6
Strategies and Specific Activities.....	9
Strategic Planning and Continuity.....	17
Appendix A.....	18
Appendix B.....	20
Appendix C.....	21
Appendix D.....	24
Appendix E.....	28

INTRODUCTION

The Department of Children and Families (Department) is one of the few state-run consolidated child welfare agencies in the nation. The statutorily mandated responsibilities are found in CGS Sec.17a-3 (Appendix A) and include responsibility for children's protective services, children's behavioral health, juvenile justice, and child abuse and neglect prevention. Administratively, the Department is comprised of bureaus with a bureau chief responsible for each of the respective mandate areas.

Given the breadth of the mandate areas and the necessity for the work of the bureaus to be integrated in order to best serve the children and families of Connecticut, the Department, in 2003, carefully articulated its Mission Statement along with an associated set of Guiding Principles (Appendix B) that provided the process by which the mission would be achieved. The Mission Statement and the Guiding Principles have been widely disseminated within the Department and to external stakeholders.

As important as they are in establishing a common foundation for the work of the Department, the Mission Statement and Guiding Principles do not detail the specific strategies and steps to be implemented and do not afford consensus for assessing the success of the integrated work of the Department. The critical missing piece was a Strategic Plan that knitted together the work of all of the Department's mandate areas. Shortly after her arrival in June, 2007, Commissioner Hamilton committed to the development of an agency-wide, strategic plan. The process was to be inclusive, the strategies specific and viable within existing resources, and the outcomes objectively measureable.

From the outset it was clear that some areas of the Department had more experience than others in developing specific activities to affect objective outcome performance. For example, that had been the established process for the Bureau of Child Welfare under the terms of the *Juan F. Exit Outcomes* since 2002. Other bureaus had less experience with outcome measurement and few had considered how the work of each respective bureau could be tailored to address common outcomes shared by all bureaus. With no dedicated staff assigned to strategic planning, it was evident that this was to be an organic process grown through the leadership of the Commissioner and her Executive Team.

THE STRATEGIC PLANNING PROCESS

Given the usefulness of national assistance, the Department contacted Peter Watson, the Director of the National Resource Center (NRC) for Organizational Improvement, in the fall of 2007. NRC's are funded by the federal government, and each state has an allotment of technical assistance that is available without charge. Mr. Watson committed the resources of his organization and a series of teleconferences took place with the Commissioner, her Deputies and her Chief of Staff in order to better define the scope of the work to be done.

The work with the NRC for Organizational Improvement culminated with a two day retreat for the Commissioner and her Executive Team that was facilitated by Mr. Watson and his associate staff from the NRC. Central to the plan development was the question, "How should a consolidated children's agency be evaluated"? From that, a core set of questions emerged that were subsequently used to guide the strategic plan development:

- What does the Department want to accomplish?
- To what degree is what we want to accomplish consistent with what our stakeholders think we should accomplish?
- What are we able to measure?
- Are we to measure outcome or process?
- Is measure to be only quantitative?
- What are the overarching strategies that we need to employ?
- What are the specific activities associated with each strategy?
- To what degree can we map each specific activity to a specific outcome measure?
- With what frequency will we measure our progress?

Throughout the spring of 2008, the Executive Team continued to work on the development of a draft of the strategic plan and to assure that its development was in keeping with the Mission and Guiding Principles. The first step was gaining internal agreement of what we wanted to accomplish, i.e. the "outcomes" we wanted, and agreement on the measures that would serve to demonstrate outcome achievement. Once done, the first set of measures was drawn showing the previous fiscal year performance, and measures for which there was no available data were noted.

With internal agreement on outcomes and measures, the next step was to have each member of the Executive Team develop a list of the more important activities to be implemented in their respective areas of responsibility over the course of the next 5 years. The list was then categorized by common theme, reviewed, approved in draft form, and each specific activity was mapped to the set of specific outcome measures that the activity would likely influence once implemented.

The last step in developing an initial draft of the strategic plan was to delineate the timeframe for the implementation of each specific activity. It was important to distinguish the pre-implementation phase from implementation, to clarify the length of

time to full implementation for those activities that were planned to be staged across multiple fiscal years, and to determine if the specific activity, once fully implemented, would continue throughout the 5 year strategic planning period.

At every step, the Executive Team was expected to include input from their respective staff in the development of the plan. Two final considerations remained. The most important was to assure the commitment of each member of the Executive Team to the Strategic Plan as a "living document". There was full agreement that there is no utility in a static, strategic plan, and it was determined that the strategic plan will form the basis for the "performance assessment and recognition system" (PARS) for all agency managers. Outcome performance will be formally reviewed on a quarterly basis and specific activities will be modified as warranted by the measure of performance.

The Department also needed to determine whether changes to the structure of the organization would be necessary in order to better accomplish the outcomes associated with the Strategic Plan. A consensus emerged that change was warranted. The changes were designed to streamline functions, improve integration and promote efficiencies. However, the primary, unifying theme was the addition of quality improvement responsibility within each of the bureaus having responsibility for the direct delivery of service to children and families.

The draft plan that emerged in the summer of 2008 was a series of charts. The story of the charts needed to be told to each of the Department's partners and stakeholders in the delivery of public services to children and families. From June, 2008 through July, 2009, the draft Strategic Plan was shared with numerous external groups. Their feedback was solicited, and changes to the plan were incorporated as warranted by the comments received. It was a dynamic change process that did not wait until all feedback had been received prior to any modifications to the plan. The external parties having the opportunity to review the draft of the plan and from whom feedback was requested included the following:

- Office of the Child Advocate
- Connecticut Association of Non-Profits
- Children's League of CT
- CT Community Providers Association
- Children's Behavioral Health Advisory Committee
- FAVOR (statewide family advocacy coalition)
- Legislators (chairs and ranking members of Human Services and Appropriations and all members of the Select Committee on Children)
- State Advisory Council

As SFY 09 closed, the plan was updated to show outcome measure performance for the fiscal year, planned activities were adjusted to reflect the fiscal climate, and the Retirement Incentive Program increased the pace of organizational change. The components were in place.

STRATEGIC PLAN OUTCOMES AND INDICATORS

The outcomes of the Strategic Plan are statements of what the agency and its stakeholders believe the Department of Children and Families should accomplish. There is no single indicator that serves to measure any outcome. Instead, it is the composite assessment of the multiple indicators associated with each outcome that provide the best picture of how well the agency is performing and the viability of its Strategic Plan.

No outcome or indicator is more or less important than another. However, it may be useful to note that, as presented below, the outcomes successively reflect increasingly intensive services by the Department. Each outcome is followed by the list of indicators that serve as composite measures for that outcome.

Outcome 1

Prevention services will strengthen families and reduce the need for DCF involvement.

- Fewer families require ongoing protective services involvement.
- The rate of children alleged to have been victims of child abuse or neglect will be reduced.
- The rate of children substantiated as victims of child abuse or neglect will be reduced.
- The rate of children living in homes requiring ongoing child protective services to assure their safety will be reduced.
- There will be fewer delinquency petitions filed.
- There will be fewer Family with Service Needs petitions filed.

Outcome 2

Children will remain safely at home with their parents or guardians.

- There will be a reduction in the rate of repeat maltreatment of children.
- There will be fewer children that must be removed from their own home in order to assure their safety.
- The rate of children entering DCF care will be reduced.
- Fewer children will re-enter care after having returned home from placement.
- There will be fewer delinquency commitments.
- The rate of recidivism for children that were previously committed as delinquent will be reduced.
- There will be fewer disrupted adoptions.
- There will be fewer Family with Service Needs commitments.

Outcome 3

Children in the Department's care will achieve more timely permanency.

- There will be fewer youth in care with a permanency goal of Another Planned Permanent Living Arrangement (APPLA).
- For children with a permanency goal of Reunification, there will be an increase in the percentage of children reunified within 12 months of their entry into care.
- The average length of time to achieve the permanency goal of Reunification will be reduced.
- For children with a permanency plan of Transfer of Guardianship, there will be an increase in the percentage of children achieving that goal within 24 months of their entry into care.
- The average length of time to achieve the permanency goal of Transfer of Guardianship will be reduced.
- For children with a permanency plan of Adoption, there will be an increase in the percentage of children adopted within 24 months of their entry into care.
- The average length of time to achieve the permanency goal of Adoption will be reduced.

Outcome 4

For children in the Department's care or custody there will be an improvement in their well being while in placement.

- Children will experience fewer placement changes.
- An increased percentage of children in care will be in the same placement with all of their siblings.
- An increased percentage of children in care will be placed with relatives.
- There will be an increase in the percentage of children living in family care settings rather than congregate care settings.
- The percentage of children on "discharge delay" status in congregate care settings will decrease.
- The percentage of children having their needs met as measured by the *Juan F.* Outcome Measure 15 methodology will increase.
- There will be a decrease in the percentage of children experiencing an arrest while in DCF care.
- There will be a reduction in youths' length of stay in locked, juvenile justice or criminal justice settings.

Outcome 5

Youth that will be transitioning from the Department's care will be better prepared for adulthood.

- There will be an increase in the percentage of eligible youth that graduate from high school.
- There will be an increase in the percentage of high school graduates that enroll in post-secondary education or vocational training.

- There will be an increase in the percentage of youth having completed an independent living skills course prior to their transition from DCF care.
- There will be an increase in the percentage of youth living in a Community Housing Assistance Program (CHAP) at the time of their transition from care.
- There will be an increase in the percentage of youth achieving their educational, vocational, and/or employment goals at the time of their transition from care.
- All youth meeting DMHAS or DDS eligibility will have been referred for service and have a transition plan in place prior to leaving DCF care.
- There will be a reduction in the number of children in care who subsequently return to receive Department services as a parent.

The chart version of outcomes, indicators, definitions of the measurement, and performance to date is attached to this report (Appendix C). The data elements continue to be refined. In some circumstances, an electronic interface with another government agency or branch is pending, e.g. Judicial's CMIS and DCF Link. In others, the DCF data system is in the process of development. Notable in the latter group is the development of the mandatory National Youth in Transition Database. Commencing in FFY 11, this will enhance our ability to assess our performance on the outcome related to transitioning youth.

For those indicators that can currently be measured, SFY 07 - 09 are presented for comparison and trending purposes. SFY 10 performance will be updated and distributed quarterly and used to assess the continued viability of the specific activities associated with each indicator.

In establishing outcomes and indicators, a number of comments were received that noted that there were no specific measures associated with timely access to services. Careful consideration was given to that suggestion, and the Department was particularly sensitive to the fact that there were no indicator measures that spoke explicitly to children's behavioral health. The decision to refrain from including access to care or similar measures related to children's behavioral health reflected, on the one hand, a commitment to focus the plan on objective outcomes for children and families rather than including *process* measures such as access to care. However, it should be noted that many if not all of the outcome indicators cannot be achieved if children and families do not have timely access to the services designed to meet their needs. Accordingly, many of the specific activities associated with outcome achievement are designed to improve access to care, generally, and to children's behavioral health services, specifically.

STRATEGIES AND SPECIFIC ACTIVITIES

The outcomes and indicators are statements of what the Strategic Plan is designed to accomplish, and the strategies and specific activity components of the plan define the steps that will be taken to bring about these outcomes and indicators. During the course of the development of the Strategic Plan, the members of the Executive Team and their associated staff provided almost 50 specific activities to be completed over the course of the 5 year planning period associated with the plan. Some of the specific activities are discrete and others, such as the implementation of the federal Program Improvement Plan, are sufficiently detailed to qualify as a strategic plan in their own right.

Despite the variance, the specific activities were easily synthesized into 4 broad areas of focus as follows:

- Continuum of Care Improvement
- Internal Practice Improvement
- External Relations
- Administrative Practice

Each area of focus was comprised of a subset of primary activities which in turn was comprised of a set of specific activities that had a functional lead bureau or division responsible for implementation. Each specific activity was associated with one or more outcomes. While the Strategic Plan contains a summary version (Appendix D), the specific activities and their association with the specific goals of the plan are central to the accomplishment of the plan's goals.

Improving the Continuum of Care

1. Existing Service Expansion
 - a. Increase the Primary Prevention Budget by 100% over the 5 year planning period to expand proven, effective services related to early childhood, parents with cognitive limitations, juvenile delinquency diversion, and positive youth development.
 - Lead Bureau/Division: Prevention
 - Primary Associated Outcome: Children remain safely at home
 - b. Implement foster care recruitment and retention plan including the therapeutic foster care re-design
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Achieve more timely permanency
 - c. Expand pre-adoption recruitment and training
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Achieve more timely permanency

2. Existing Service Modification

- a. Amend the scope of service for all contracts to assure contract language requires tangible evidence of the delivery of gender-specific and culturally competent services.
 - o Lead Bureau/Division: Finance
 - o Primary Associated Outcome: All
- b. Implement the Ansel-Casey life skills assessment with all youth in care age 14 or older and their caretakers, and implement a process to prioritize access to Independent Living courses.
 - o Lead Bureau/Division: Child Welfare
 - o Primary Associated Outcome: Transitioning Youth Better Prepared for Adulthood
- c. Enhance and expand the post-permanency services continuum through practice, policy and contract modification; and assure the inclusion of subsidized guardianship services in the continuum.
 - o Lead Bureau/Division: Child Welfare
 - o Primary Associated Outcome: Prevention/Less need for DCF Services
- d. Reconfigure CJTS facility to accommodate the population of youth age 16 or older.
 - o Lead Bureau/Division: Juvenile Services
 - o Primary Associated Outcome: Improved child well-being

3. New Service Development

- a. Open a secure facility for the treatment of juvenile services females and assure that service provision within the facility reflects gender-specific principles of treatment.
 - o Lead Bureau/Division: Juvenile Services
 - o Associated Outcome: Improved child well-being
- b. Develop a continuum of community services and placement resources specific to the needs of youth age 16 and over that will fall under the purview of juvenile services as a result of "Raise the Age" statute change.
 - o Lead Bureau/Division: Juvenile Services
 - o Associated Outcome: Improved child well-being

4. Resource Management

- a. Establish measurable outcomes to be established for all contracted services that target the strategic planning outcome through the utilization of a logic model process.
 - o Lead Bureau/Division: Continuous Quality Improvement
 - o Primary Associated Outcome: All

- b. Establish Provider Agreements for all fee-for-service providers.
 - Lead Bureau/Division: Finance
 - Primary Associated Outcome: All
 - c. Implement comprehensive credentialing process to assure that fee-for-service providers comply with safety and background check requirements.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - d. Improve oversight of congregate care programs to ensure that fee-for-service and grant-funded providers attain and maintain compliance with regulatory and contractual requirements.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - e. Establish needs assessment methodology to project need for community based behavioral health services and associated data to guide provider network development and expansion.
 - Lead Bureau/Division: Behavioral Health
 - Primary Associated Outcome: All
 - f. Establish internal (bureau-based) budget allocations and associated responsibilities.
 - Lead Bureau/Division: Finance
 - Primary Associated Outcome: All
5. Provider Training
- a. Establish annual series of trainings for targeted providers promoting the utilization of evidence-based practice in the provision of behavioral health service.
 - Lead Bureau/Division: Behavioral Health
 - Primary Associated Outcome: All

Internal Practice Improvement

- 1. *Juan F.* Exit Outcome Initiatives
 - a. Coordinate the federal Child and Family Services Review (CFSR) and develop the Program Improvement Plan in a manner consistent with the *Juan F.* Exit Outcome measures.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - b. Establish Medical Homes for all children in care and a quality assurance system implemented to assure the timely provision of medical and dental services consistent with the EPSDT schedule.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Improved child well-being

- c. Utilize Administrative Case Reviews (ACR) and case review data to make practice and systemic interventions to achieve compliance with Outcome Measures 3 (Treatment Planning) and 15 (Needs Met).
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: All
 - d. For each manager establish the role, expectations, and the data to be used to establish performance accountability in order to exit from the Consent Decree.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: All
 - e. Establish systemic interventions to assure focus on discharge planning and prompt access to the least restrictive, appropriate level of care.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Improved child well-being
2. Quality Improvement
- a. Fully implement Connecticut Comprehensive Outcome Review (CCOR) as a qualitative case review process and initiate practice change based upon the results.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - b. Establish a process for the collection of critical performance measures for each bureau and define the reporting and monitoring process that will be implemented with the support of the Bureau of Continuous Quality Improvement to address the areas in need of improvement.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - c. Expand the availability of Educational Consultants in the regional offices and better define their role and responsibilities for children that do not receive educational services from the USD II School district in DCF facilities.
 - Lead Bureau/Division: Education
 - Primary Associated Outcome: Improved child well-being
 - d. Obtain state accreditation for USD II school system.
 - Lead Bureau/Division: Education
 - Primary Associated Outcome: Improved child well-being
 - e. Develop and implement adoption and pre-adoption policy and practice improvement, including standards for the utilization of Permanency Placement Services Program (PPSP) contracts and for subsidized adoptions.

- Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Children remain safely at home
- f. Develop and oversee the implementation of a valid, reliable assessment instrument to screen for behavioral health and developmental factors for child welfare cases.
 - Lead Bureau/Division: Behavioral Health
 - Primary Associated Outcome: All
- g. Reduce disproportional representation of children in care through data analysis and development of targeted practice interventions on an annual basis.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
- h. Annually synthesize the data, evaluations and external reports and recommendations pertaining to agency performance to guide the update of the agency Strategic Plan and make formal recommendations for areas of focus in the succeeding year.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
- i. Develop an agency-wide Practice Model and implement the associated changes in policy and practice.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
- j. Obtain accreditation of CCP.
 - Lead Bureau/Division: Behavioral Health
 - Primary Associated Outcome: Improved child well-being
- k. Obtain ACA accreditation of CJTS.
 - Lead Bureau/Division: Juvenile Services
 - Primary Associated Outcome: Improved child well-being
- l. Obtain ACA accreditation of Girls' Secure Facility.
 - Lead Bureau/Division: Juvenile Services
 - a. Primary Associated Outcome: Improved child well-being
- 3. Changes in Practice Philosophy
 - a. Develop alternative concepts of permanency for adolescents by creating and implementing policy supporting the active re-establishment of family of origin or other permanent adult relationships that may be appropriate as a component of transition planning.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Transitioning youth better prepared for adulthood

- b. Develop best practices for Parole Services with focus on maintenance of family connection, the development of positive adult relationships, family engagement, rehabilitation, the provision of community services, and the development of adaptive living skills within the youth's community of origin.
 - Lead Bureau/Division: Juvenile Services
 - Primary Associated Outcome: Children remain safely at home
 - c. Implement a statewide Differential Response System (DRS).
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Children remain safely at home
 - d. Implement restraint reduction processes at all DCF facilities, including review, de-briefing, and ongoing trend monitoring to establish year to year reduction goals for each facility.
 - Lead Bureau/Division: Juvenile Services and Behavioral Health
 - Primary Associated Outcome: Improved child well-being
 - e. Increase the level of family engagement through the use of ACR data on family participation in treatment plan development, the development of data to monitor progress in family conferencing, focus on engaging fathers, and external recommendations from Better Together, State Advisory Council, Area Advisory Councils, Citizen Review Panels, and family advocates.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: All
 - f. Utilize ACR data, provider contracts, and foster care support worker input in implementing systemic interventions to assure provider and caretaker inclusion in the development of treatment plans.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: All
- 4. DCF Staff Training
 - a. Develop courses at the Training Academy to establish certification by functional areas with prioritized access to training criteria established by the members of the Operations Team.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All
 - b. Utilize performance data and succession planning information to inform and guide the enhancement of workforce competencies through Leadership Training and Individual Development Plans.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All

- c. Establish an annual plan to train agency staff in evidence-based, existing and emerging practice areas, including, but not limited, to trauma-informed treatment and gender specific services with priority access to courses first given to supervisory and managerial staff.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All

External Relations

1. Prevention Outreach
 - a. Develop an annual plan for prevention outreach.
 - Lead Bureau/Division: Prevention
 - Primary Associated Outcome: Prevention/less need for DCF services
2. Recruitment
 - a. Expand "While You Wait" training sessions for licensed, adoptive families who are awaiting placement.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Children remain safely at home
 - b. Expand the Heart Gallery recruitment effort with added emphasis on special needs adoptions.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: Achieve more timely permanency
3. Provider Relations
 - a. Develop an annual joint strategic plan with each provider trade association.
 - Lead Bureau/Division: Commissioner's Office
 - Primary Associated Outcome: All
4. Consumer Relations
 - a. Implement "Better Together" pilot in conjunction with Casey Family Programs to engage consumers in child welfare policy and practice development.
 - Lead Bureau/Division: Child Welfare
 - Primary Associated Outcome: All
5. Community Development
 - a. Develop the State Advisory Council and the Area Advisory Councils as the lead stakeholder entities to elicit community strategies for agency child welfare, behavioral health, and prevention initiatives at the local level.
 - Lead Bureau/Division: Continuous Quality Improvement
 - Primary Associated Outcome: All

Administrative Practice

1. Infrastructure

- a. Enhance agency data reporting structure to be consistent with resource management, strategic planning, and quality improvement goals and lead the development of managerial analytic capacity building across bureaus.
 - Lead Bureau/Division: Finance
 - Primary Associated Outcome: All

Each Bureau Chief and Division Director has a correspondingly more detailed plan that is specific to their Bureau/Division. Those detailed plans correlate each "specific activity" to the top 3 outcome indicators that the specific activity was designed to affect, and each specific activity has detailed time-lines reflecting the pre-implementation, implementation and post-implementation phases across the strategic planning period.

STRATEGIC PLANNING CONTINUITY

The process of developing a Strategic Plan proved valuable for the Department. As all program areas serving the multiple mandates agreed upon what the agency, as a whole, should focus on achieving, the necessity to assure that the efforts of each program area were integrated toward these common goals was evident. As the Mission Statement became operationally defined through the Strategic Plan, it was necessary at each step to assure congruence with the Guiding Principles.

The process further reinforced the Department's commitment to objective measurement of its performance and the corresponding need to create broad stakeholder consensus regarding both the measures and the assessment of performance. The Department's analytic reporting capacity and experience with objective outcomes pre-dates the more recent emphasis on Results Based Accountability (RBA). Nonetheless, RBA, if used appropriately by the broader community of child welfare partners, offers the promise of developing the consensus necessary among government entities, providers, advocates and families to affect comprehensive, systemic change.

In the interim, the Department's Strategic Plan for SFY 10 - SFY 14 is ready to be promulgated. The commitment to the use and maintenance of the Strategic Plan is further evidenced by the table of organization (Appendix E) that shows an agency level Division of Planning and Best Practices within the Bureau of Continuous Quality Improvement. That division will be responsible for amending the plan on an annual basis and documenting annual performance, new additions to the plan and the termination of any specific activities that prove ineffective in improving the targeted outcome indicators.

Simply dedicating staff to the maintenance of the plan is not sufficient to assure its continuity. That commitment will be demonstrated through the Executive Team's quarterly and annual review of performance on outcome indicators, by the use of the Strategic Plan at the beginning of each fiscal year to guide the PARS goals for agency managers, and through grounding resource allocation and policy-setting decisions on the Strategic Plan goals.

STATUTORY RESPONSIBILITIES OF THE DEPARTMENT

Sec. 17a-3. (Formerly Sec. 17-412). Powers and duties of department. Master plan.

(a) The department shall plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services, including preventive services, for children and youths whose behavior does not conform to the law or to acceptable community standards, or who are mentally ill, including deaf and hearing impaired children and youths who are mentally ill, emotionally disturbed, substance abusers, delinquent, abused, neglected or uncared for, including all children and youths who are or may be committed to it by any court, and all children and youths voluntarily admitted to, or remaining voluntarily under the supervision of, the commissioner for services of any kind. Services shall not be denied to any such child or youth solely because of other complicating or multiple disabilities. The department shall work in cooperation with other child-serving agencies and organizations to provide or arrange for preventive programs, including, but not limited to, teenage pregnancy and youth suicide prevention, for children and youths and their families. The program shall provide services and placements that are clinically indicated and appropriate to the needs of the child or youth. In furtherance of this purpose, the department shall: (1) Maintain the Connecticut Juvenile Training School and other appropriate facilities exclusively for delinquents; (2) develop a comprehensive program for prevention of problems of children and youths and provide a flexible, innovative and effective program for the placement, care and treatment of children and youths committed by any court to the department, transferred to the department by other departments, or voluntarily admitted to the department; (3) provide appropriate services to families of children and youths as needed to achieve the purposes of sections 17a-1 to 17a-26, inclusive, 17a-28 to 17a-49, inclusive, and 17a-51; (4) establish incentive paid work programs for children and youths under the care of the department and the rates to be paid such children and youths for work done in such programs and may provide allowances to children and youths in the custody of the department; (5) be responsible to collect, interpret and publish statistics relating to children and youths within the department; (6) conduct studies of any program, service or facility developed, operated, contracted for or supported by the department in order to evaluate its effectiveness; (7) establish staff development and other training and educational programs designed to improve the quality of departmental services and programs, provided no social worker trainee shall be assigned a case load prior to completing training, and may establish educational or training programs for children, youths, parents or other interested persons on any matter related to the promotion of the well-being of children, or the prevention of mental illness, emotional disturbance, delinquency and other disabilities in children and youths; (8) develop and implement aftercare and follow-up services appropriate to the needs of any child or youth under the care of the department; (9) establish a case audit unit to monitor each area office's compliance with regulations and procedures; (10) develop and maintain a database listing available community service programs funded by the department; (11) provide outreach and assistance to persons caring for children whose parents are unable to do so by informing such persons of programs and benefits for which they may be eligible; and (12) collect data sufficient to identify the housing needs of children served by the department and share such data with the Department of Economic and Community Development.

(b) The department shall prepare and submit biennially to the General Assembly a five-year master plan. The master plan shall include, but not be limited to: (1) The long-range goals and the current level of attainment of such goals of the department; (2) a detailed description of the types and amounts of services presently provided to the department's clients; (3) a detailed forecast of the service needs of current and projected target populations; (4) detailed cost projections for alternate means of meeting projected needs; (5) funding priorities for each of the five years included in the plan and specific plans indicating how the funds are to be used; (6) a written plan for the prevention of child abuse and neglect; (7) a comprehensive mental health plan for children and adolescents, including children with complicating or multiple disabilities; (8) a comprehensive plan for children and youths who are substance abusers, developed in conjunction with the Department of Mental Health and Addiction Services pursuant to the provisions of sections 19a-2a and 19a-7; and (9) an overall assessment of the adequacy of children's services in Connecticut. The plan shall be prepared within existing funds appropriated to the department.

(c) The department shall prepare a plan to keep children who are convicted as delinquent and will be committed to the Department of Children and Families and placed in the Connecticut Juvenile Training School in such facility for at least one year after their referral to the department, which plan shall include provisions for development of a comprehensive approach to juvenile rehabilitation.

MISSION AND GUIDING PRINCIPLES

The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut and in partnership with others.

To address this mission a number of guiding principles have been identified. The over arching principles of safety, permanency, and well-being however are pervasive to all else that the Department seeks to accomplish. DCF is committed to the support and care of all children including those in need of protection who require mental health or substance abuse services and who come to the attention of the Juvenile Services system. Within this context, DCF asserts that all children have a basic right to grow up in a safe and nurturing environment and to live free from abuse and neglect. All children are entitled to enduring relationships that create a sense of family, stability, and belonging.

Specific principles include:

1. Families as Allies: The integrity of families and each individual family member is respected and the importance of the attachments between family members is accepted as critical. All families have strengths and the goal is to build on these strengths. Family involvement and self-determination in the planning and service delivery process is essential.
2. Cultural Competence: The diversity of all people is recognized and appreciated and children and families are to be understood in the context of their own family rules, traditions, history and culture.
3. Partnerships: Children and families are best served when they are part of and supported by their community. The Department is part of this community, works in association with community members, and is committed localized, accessible, and individualized services which are designed to meet the variety of children and families needs.
4. Organizational Commitment: A successful organizational structure promotes effective communication, establishes clear directions, defines roles and responsibilities, values the input and professionalism of staff, creates a supportive, respectful, and positive environment, and endorses continuous quality improvement and best practice.
5. Work Force Development: The Department is committed to ensuring that the work force is highly qualified, well trained, and competent, and is provided with the skills necessary to engage, assess, and intervene whenever necessary to assist children and families achieve permanency, safety, and well-being.

CT Department of Children and Families: Indicators of Agency Success in Strategic Planning						Appendix C	
O&I#	Outcomes and Indicators	Definition of Measure	SFY08	SFY09	SFY 10	SFY 11	SFY 12
1 Prevention/Less Need for DCF Services							
1.1	Fewer families require ongoing protective service involvement	Reduce the number of Cases opened for post-investigation services during State Fiscal Year (SFY)	4858	4933			
1.2	Reduce Rate of Children Alleged to be Abused/Neglected	Reduce the Number of Children subject to any abuse/neglect allegations per thousand in child population during SFY	37.67	37.47			
1.3	Reduce the Rate of Abused/Neglected Children	Reduce the Number of children subject to any substantiated allegations per thousand in child population during SFY	11.04	11.56			
1.4	Reduce Rate of Children In Homes With DCF Cases Opened	Reduce the Number of Alleged Victims (excluding those referred in cases already open for DCF services) that received some form of post-investigation DCF services per thousand in child population during SFY	9.37	9.55			
1.5	Fewer delinquency petitions filed	Reduce the number of children for whom Petitions for Delinquency Commitment were filed during SFY	4794	4000			
1.6	Fewer FWSN petitions filed (Note 1)	Reduce the number of children for whom Petitions for FWSN Commitment were file during SFY	173	79			
2 Children to Remain Safely at Home							
2.1	Reduce repeat maltreatment	No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during the subsequent six-month period.	5.60%	5.60%			
2.2	Fewer removals from home	Reduce the Number of children beginning a new episode in DCF care and custody for Child Protective Service reasons during SFY (Juan F. Population)	2384	2435			
2.3	Reduce the Rate of Children Entering DCF Care	Reduce the Number of Children Entering a new placement episode in DCF care per thousand in child population during SFY	2.77	2.93			
2.4	Fewer re-entries into care	Reduce the Percentage of children beginning a new episode in DCF care during SFY, that are preceded by a previous episode ending within the past 12 months	8.30%	7.70%			
2.5	Fewer delinquency commitments	Reduce the Number of children for whom Petitions for Delinquency Commitment were filed during SFY, that also resulted in a disposition of Committed Delinquent or Dual Commitment	248	230			
2.6	Lower recidivism	Reduce the Percentage of children whose Delinquency Commitments ended during SFY, that had another Delinquency Commitment begin during the next 18 months	Pending completion of observation	TBD			
2.7	Fewer disrupted adoptions (permanency goal other than reunification)	Reduce the Percentage of children adopted during SFY whose adoptions disrupted (i.e child re-entered DCF care and has a permanency goal other than Reunification) within 24 months of their adoption	0.95%	0.47%			
2.8	Fewer FWSN commitments	Reduce the Number of children for whom FWSN Petitions were filed during SFY, that also resulted in a disposition of Committed FWSN	29	17			
3 Achieve More Timely Permanency							
3.1	Fewer youth in care with Permanency Goal of "Another Permanent Planned Living Arrangement (APPLA)"	Reduce the Percentage of all children in care on last day of quarter that have a Permanency Goal of "Another Permanent Planned Living Arrangement (APPLA)"	31.80%	30.50%			
3.2	Increase percentage of children reunified within 12 months of entry into care	Have 60% or more of all children reunified during SFY done so within 12 months of entry	60.40%	66.90%			
3.3	Reduce average length of time to achieve Reunification	Reduce the Average LOS for all children Reunified during SFY	12.9 Months	11.4 Months			
3.4	Of children having guardianship transferred, increase the percentage achieving that goal within 24 months of entry into care	Have 70% or more of all children for whom Guardianship was Transferred during SFY done so within 24 months of entry	74.30%	71.90%			

CT Department of Children and Families: Indicators of Agency Success in Strategic Planning						Appendix C	
O&I#	Outcomes and Indicators	Definition of Measure	SFY08	SFY09	SFY 10	SFY 11	SFY 12
3.5	Reduce average length of time to achieve TOG	Reduce the Average LOS for all children for whom Guardianship was Transferred during SFY	21.3 Months	21.0 Months			
3.6	For children that are adopted, increase the percentage achieving that goal within 24 months of entry into care.	Have more than 32% of all children adopted during SFY done so within 24 months of entry	36.90%	33.70%			
3.7	Reduce average length of time to achieve Adoption	Reduce the Average LOS for all children Adopted during SFY	36.2 Months	35.0 Months			
4 Improved Child Well-Being							
4.1	Fewer placement changes	Reduce the Percentage of children in DCF custody that experience three or more placements during any 12-month period. (Exit Outcome #12)	6.40%	4.10%			
		Increase the percent of children in foster care anytime during the 12-month period prior to the end of the report period (quarter) and who were in foster care for at least 8 days but less than 12 months <u>who</u> had two or fewer placement settings. CFSR goal for this measure is 86.2%.	85.70%	86.50%			
		Increase the percent of children in foster care anytime during the 12-month period prior to the report period (quarter) and were in foster care between 12 and 24 months <u>who</u> had two or fewer placement settings. CFSR goal for this measure is 65.4%.	69.00%	66.90%			
		Increase the percent of children in foster care anytime during the 12-month period prior to the report month and were in foster care for over 24 months <u>who</u> had two or fewer placement settings. CFSR goal for this measure is 37.1%.	30.60%	31.30%			
4.2	Increase percentage of placement with siblings	At least 95% of the siblings in out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements (Exit Outcome #10)	85.50%	82.80%			
4.3	Increase percentage of children placed with relatives	Increase the percent of children that spend any amount of time in Relative Foster Care during the SFY	20.23%	18.52%			
		Of the total number of days children spent in DCF placement during the SFY, increase the percent of days spent in Relative Foster Care	16.98%	15.57%			
4.4	Increase percentage of children who are placed in family homes	Increase the percent of children that spend any amount of time in Family Foster Care during the SFY	73.39%	72.57%			
		Of the total number of days children spent in DCF placement during the SFY, increase the percent of days spent in Family Foster Care	69.24%	68.85%			
4.5	Reduce the percentage of children in discharge delay status	Reduce the number and percent of children that spent any amount of time on discharge delay status during the SFY	29.37%	23.91%			
		Of the children that spent any amount of time on discharge delay status during the SFY, reduce the number and percent of days they spent on discharge delay	69713/491496 = 14%	41980/458959 = 9%			
4.6	Increase the percentage of children having their needs met as evaluated by the Juan F. Exit Outcome methodology (medical, dental, access to service, achievement of permanency, and appropriateness of placement)	At least 80% of all children/families shall have all of their medical, dental, mental health and other service needs met. (Exit Outcome #15)	56.20%	58.60%			
4.7	Decrease in the percentage of children experiencing an arrest while in DCF care	Reduce the percentage of children experiencing legal trouble resulting in a change of either placement and/or delinquency status while in a Non-Congregate Care placement setting.	0.88%	0.78%			
		Reduce the percentage of children that spent any amount of time in Congregate placement settings during SFY that also got arrested during the SFY while in a Congregate Care placement setting.	10.40%	12.55%			
4.8	Reduction of length of stay in locked juvenile justice or criminal justice settings	Reduce the average lengths of stay (in Days) for children discharged from CJTS and Girls Secure programs during SFY	167.5	189.37			

CT Department of Children and Families: Indicators of Agency Success in Strategic Planning						Appendix C	
O&I#	Outcomes and Indicators	Definition of Measure	SFY08	SFY09	SFY 10	SFY 11	SFY 12
5 Transitioning Youth Better Prepared for Adulthood							
5.1	Increase percentage of high school graduates (Note 2)	Increased percentage of high school graduates, of those that discharged at age 18 or older during the SFY and were not still attending high school upon discharge	67.26%	73.03%			
5.2	Increase number of high school graduates enrolled in post-secondary ed	Increase the Number of youth receiving DCF services that are enrolled in some form of post-secondary education program on the last day of SFY	413	583			
5.3	Increase percentage of youth having completed an Independent Living Skills course at the time of transition from care	Increased percentage of youth having completed Life Skills class, of those that discharged at age 18 or older during the SFY	NA	NA - data collected only for 1Q09			
5.4	Increase in the percentage of youth living in a CHAPS setting at the time of transition	Increased percentage of youth over age 18 residing in a CHAP living arrangement, of all youth over age 18 receiving DCF services (in open placement or CHAP) on the last day of SFY	50.11%	48.73%			
5.5	Increase in youth achieving educational, vocational and/or employment goals at the time of transition from care	(Exit Outcome #20) At least 85% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody: - Graduation from High School - Acquisition of a GED - Enrollment in/completion of college or other post-secondary training program full-time - Enrollment in college or other post-secondary training program part-time with part-time employment - Full-time employment	94.02%	90.50%			
5.6	All youth meeting DMHAS or DDS eligibility are referred for services and have a plan in place prior to transition from care	DCF shall submit a written discharge plan to either/or DMHAS/DDS for all children who are mentally ill or mentally retarded and require adult services (Exit Outcome #21)	96.43%	95.83%			
5.7	Reduce the number of children in care who return as parents.	Number of parents with a case open during SFY who had a history of prior placement in DCF care.	1704	1974			
Note 1	A portion of the reduction in FWSN petitions between SFY08 and SFY09 may be attributable to a statutory change in the process for filing FWSN complaints and petitions (June Sp. Session PA07-4, section 30(b) modified CGS 46b-149(b))(Eff. 10/1/07).						
Note 2	The numerator for this measure does not include those youth that had obtained their high school equivalency (GED). In SFY08, this included 25 youth, and in SFY09 there were 20 youth discharged having obtained their GED.						

Areas of Focus	Primary Activity	Specific Activities	Primary Strategic Planning Outcome Affected	Functional Lead	Start Date	End Date
Improving Continuum of Care	Existing Service Expansion	Increase the primary prevention budget by 100% over the SFY 09 level to expand proven, effective services related to early childhood, parents with cognitive limitations, juvenile delinquency diversion and positive youth development	Children Remain Safely at Home	Prevention	SFY 09	SFY 13
Improving Continuum of Care	Existing Service Expansion	Implement foster care recruitment and retention plan including therapeutic foster care re-design	Achieve More Timely Permanency	Child Welfare	SFY 09	SFY 10
Improving Continuum of Care	Existing Service Expansion	Expand pre-adoption recruitment and training	Achieve More Timely Permanency	Child Welfare	SFY 09	SFY 13
Improving Continuum of Care	Existing Service Modification	Amend the scope of service for all contracts to assure contract language requires tangible evidence of the delivery of gender-specific and culturally competent services	All	Finance and Administration	SFY 09	SFY 13
Improving Continuum of Care	Existing Service Modification	Implement the Ansel-Casey life skills assessment with all youth in care age 14 or older and their caretakers, and implement a process to prioritize access to contracted Independent Living courses	Transitioning Youth are Better Prepared for Adulthood	Child Welfare	SFY 09	SFY 11
Improving Continuum of Care	Existing Service Modification	Enhance and expand the post-permanency services continuum through practice, policy and contract modification; and assure the inclusion of subsidized guardianship services in the continuum	Prevention/Less Need for DCF Services	Child Welfare	SFY 09	SFY 10
Improving Continuum of Care	Existing Service Modification	CJTS facility reconfiguration to accommodate the population of youth 16 and older	Improved Child Well-Being	Juvenile Services	SFY 09	SFY 11
Improving Continuum of Care	New Service Development	Open a secure facility for the treatment of juvenile services females and assure that service provision within the facility reflects gender-specific principles of treatment	Improved Child Well-Being	Juvenile Services	SFY 09	SFY 11
Improving Continuum of Care	New Service Development	Develop a continuum of community services and placement resources specific to the needs of youth 16 and over that will fall under the purview of juvenile services as a result of "Raise the Age" statute change	Improved Child Well-Being	Juvenile Services	SFY 09	SFY 12
Improving Continuum of Care	Resource Management	Outcomes to be established for all contracted service types that target the strategic planning outcome goals and are established through the utilization of a logic model process.	All	CQI	SFY 09	SFY 12
Improving Continuum of Care	Resource Management	Provider agreements to be established for all fee-for-service providers	All	Finance and Administration	SFY 09	SFY 11
Improving Continuum of Care	Resource Management	Implement comprehensive credentialing process to assure that fee-for-service providers comply with safety and background check requirements	All	CQI	SFY 09	SFY 10
Improving Continuum of Care	Resource Management	Improve oversight of congregate care programs to ensure that fee for service and grant-funded providers attain and maintain compliance with regulatory and contractual requirements	Improved Child Well-Being	CQI_Licensing_F&A	SFY 09	SFY 13

Areas of Focus	Primary Activity	Specific Activities	Primary Strategic Planning Outcome Affected	Functional Lead	Start Date	End Date
Improving Continuum of Care	Resource Management	Establish needs assessment methodology to project need for community-based behavioral health services and associated data to guide provider network development and expansion	All	Behavioral Health	SFY 11	SFY 13
Improving Continuum of Care	Resource Management	Establish internal (bureau-based) budget allocations and associated responsibilities	All	Finance and Administration	SFY 10	SFY 11
Improving Continuum of Care	Provider Training	Establish annual series of trainings for targeted providers promoting the utilization of evidence-based practice in the provision of behavioral health service	All	Behavioral Health	SFY 09	SFY 13
Internal Practice Improvement	Exit Outcome Initiatives	Coordinate CFSR and develop Program Improvement Plan consistent with <i>Juan F.</i> Exit Outcome measures	All	CQI	SFY 09	SFY 09
Internal Practice Improvement	Exit Outcome Initiatives	Medical homes to be established for all children in care and a quality assurance system implemented to assure the timely provision of medical and dental services consistent with the EPSDT schedule	Improved Child Well-Being	Child Welfare	SFY 09	SFY 10
Internal Practice Improvement	Exit Outcome Initiatives	Utilize ACR and case review data to make practice and systemic interventions to achieve compliance with Outcome Measures 3 (Treatment Planning) and 15 (Needs Met)	All	Child Welfare	SFY 09	SFY 10
Internal Practice Improvement	Exit Outcome Initiatives	For each manager establish the role, expectations, and the data to be used to establish performance accountability in order to exit from the Consent Decree	All	Child Welfare	SFY 09	SFY 09
Internal Practice Improvement	Exit Outcome Initiatives	Establish systemic interventions to assure focus on discharge planning and prompt access to the least restrictive, appropriate level of care	Improved Child Well-Being	Child Welfare	SFY 09	SFY 09
Internal Practice Improvement	Quality Improvement	Fully implement CCOR as qualitative case review process and initiate practice change based upon the results.	All	CQI	SFY 09	SFY 13
Internal Practice Improvement	Quality Improvement	For each bureau, establish a process for the collection of critical performance measures and define the reporting and monitoring process that will be implemented with the support of CQI to address areas in need of improvement	All	CQI	SFY 09	SFY 11
Internal Practice Improvement	Quality Improvement	Expand the availability of Educational Consultants in the regional offices and better define their role and responsibilities for children that do not reside in DCF facilities	Improved Child Well-Being	Division of Education	SFY10	SFY 11
Internal Practice Improvement	Quality Improvement	Obtain state accreditation for USD II school system	Improved Child Well-Being	Division of Education	SFY 10	SFY 13
Internal Practice Improvement	Quality Improvement	Develop and implement adoption and pre-adoption policy and practice improvement including standards for the utilization of PPSP contracts and for subsidized adoptions	Children Remain Safely at Home	Child Welfare	SFY 09	SFY10
Internal Practice Improvement	Quality Improvement	Develop and oversee the implementation of a valid, reliable assessment instruments to screen for behavioral health and developmental factors for child welfare cases	All	Behavioral Health	SFY 09	SFY 13

Areas of Focus	Primary Activity	Specific Activities	Primary Strategic Planning Outcome Affected	Functional Lead	Start Date	End Date
Internal Practice Improvement	Quality Improvement	Reduce disproportional representation of children in care through data analysis and development of targeted practice interventions on an annual basis	All	CQI	SFY 09	SFY 13
Internal Practice Improvement	Quality Improvement	Annually synthesize the data, evaluations, and external reports and recommendations pertaining to agency performance to guide the update of the agency strategic plan and make formal recommendations for areas of focus for the succeeding year	All	CQI	SFY 09	SFY 13
Internal Practice Improvement	Quality Improvement	Develop an agency-wide Practice Model and implement the associated changes in policy and practice.	All	CQI	SFY 09	SFY 10
Internal Practice Improvement	Quality Improvement	Obtain accreditation for CCP and High Meadows	Improved Child Well-Being	Behavioral Health	SFY 10	SFY 12
Internal Practice Improvement	Quality Improvement	ACA accreditation of CJTS	Improved Child Well-Being	Juvenile Services	SFY 09	SFY 10
Internal Practice Improvement	Quality Improvement	ACA accreditation of Girls' Secure Facility	Improved Child Well-Being	Juvenile Services	SFY 12	SFY 13
Internal Practice Improvement	Changes in Practice Philosophy	Develop alternative concepts of permanency for adolescents by creating and implementing policy supporting the active re-establishment of family of origin or other permanent adult relationships that may be appropriate as a component of transition planning	Transitioning Youth are Better Prepared for Adulthood	Child Welfare	SFY 09	SFY 11
Internal Practice Improvement	Changes in Practice Philosophy	Development of best practices for Parole Services with focus on maintenance of family connection, the development of positive adult relationships, family engagement, rehabilitation, the provision of community services, and the development of adaptive living skills within the youth's community of origin	Children Remain Safely at Home	Juvenile Services	SFY 09	SFY 11
Internal Practice Improvement	Changes in Practice Philosophy	DRS implementation on a statewide basis	Children Remain Safely at Home	Child Welfare	SFY 09	SFY 11
Internal Practice Improvement	Changes in Practice Philosophy	Implementation of restraint-reduction processes at all DCF facilities including review, de-briefing and ongoing trend monitoring to establish year to year reduction goals for each facility	Improved Child Well-Being	Juvenile Justice and Behavioral Health	SFY 09	SFY 13
Internal Practice Improvement	Changes in Practice Philosophy	Increase the level of family engagement through the use of ACR data on family participation in treatment plan development, the development of data to monitor progress in family conferencing, focus on engaging fathers, and external recommendations from Better Together, Area Advisory Councils, Citizen Review Panels, and family advocates	All	Child Welfare	SFY 09	SFY 13
Internal Practice Improvement	Changes in Practice Philosophy	Utilize ACR data, provider contracts, and foster care support worker input in implementing systemic interventions to assure provider and caretaker inclusion in the development of treatment plans	All	Child Welfare	SFY 09	SFY 13

Areas of Focus	Primary Activity	Specific Activities	Primary Strategic Planning Outcome Affected	Functional Lead	Start Date	End Date
Internal Practice Improvement	Staff Training	Develop courses at the Training Academy to establish certification by functional areas with prioritized access criteria established by members of the Operations Team	All	CQI	SFY 09	SFY 13
Internal Practice Improvement	Staff Training	Utilize performance data and succession planning information to inform and guide the enhancement of workforce competencies through Leadership Training and Individual Development Plans	All	CQI	SFY 09	SFY 13
Internal Practice Improvement	Staff Training	Establish an annual plan to train agency staff in evidence-based, existing and emerging practice areas including but not limited to trauma-informed treatment and gender specific services with priority access to courses first given to supervisory and managerial staff	All	CQI	SFY 09	SFY 13
External Relations	Prevention Outreach	Develop an annual plan for prevention outreach	Prevention/Less Need for DCF Services	Prevention	SFY 09	SFY 13
External Relations	Recruitment	Expand "While You Wait" training sessions for licensed, adoptive families who are awaiting placement	Children Remain Safely at Home	Child Welfare	SFY 09	SFY 10
External Relations	Recruitment	Expansion of the Heart Gallery recruitment effort with added emphasis on special needs adoptions	Achieve More Timely Permanency	Child Welfare	SFY 09	SFY 10
External Relations	Provider Relations	Annual joint-strategic plan development with each trade association	TBD	Commissioner's Office	SFY 09	SFY 11
External Relations	Consumer Relations	Implement "Better Together" pilot in conjunction with Casey Family Programs to engage consumers in child welfare policy and practice development	TBD	Child Welfare	SFY 09	SFY 13
External Relations	Community Development	The Statewide Advisory Council and the Area Advisory councils to be developed as the lead stakeholder entities to elicit community strategies for agency child welfare, behavioral health and prevention initiatives at the local level	TBD	CQI	SFY 09	SFY 13
Administrative Practice	Infrastructure	Enhance agency data reporting structure to be consistent with resource management, strategic planning, and quality improvement goals and lead the development of managerial analytic capacity building across bureaus	All	Finance and Administration	SFY 09	SFY 11

